

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 7

2. STATE:

HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)
MEDICAL ASSISTANCE

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

AUGUST 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SECTION 1902 (V) OF THE ACT

7. FEDERAL BUDGET IMPACT:

a. FFY N/A \$

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

SUPPLEMENT 6 TO ATTACHMENT 2.6-A

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

SUPPLEMENT 6 TO ATTACHMENT 2.6-A

10. SUBJECT OF AMENDMENT:

STANDARDS FOR OPTIONAL STATE SUPPLEMENTAL PAYMENTS

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

APPROVED BY THE GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Susan M. Chandler

13. TYPED NAME:

SUSAN M. CHANDLER

14. TITLE:

DIRECTOR

15. DATE SUBMITTED: JUL 12 2001

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

July 16, 2001

18. DATE APPROVED:

7/30/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Linda Minamoto

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

State HAWAII

Standards for Optional State Supplementary Payments

Payment Category	Administered by	Income Level			Income Disregards
		Gross		Net	
(Reasonable Classification)	Federal State	1 person	Couple	1 person	Couple
(1) A, B, D IN DOMICILIARY CARE: - LEVEL I - LEVEL II	(2) X \$531 \$521.90 \$531 \$629.90	(3) \$1,593 \$1,593	 N/A N/A	(4) \$1,052.90 \$1,160.90	 N/A N/A
					(5)

NOTE: *Gross income, before deductions allowed by SSI, cannot exceed 300% of the FBR.

**Net income, after deductions allowed by SSI, cannot exceed the SSI/SSP payment limit

TN No. 01-007 Approval Date: JUL 30 2001 Effective Date: 08/01/01
Supersedes
TN No. 00-010